MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

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74	+	+	 	+	+	1
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VLn	<u> </u>	36	22	NOTION POLICE AND ADDRESS OF THE PARTY OF TH	Ass. I	Ebst.

 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS